PART B - FEE(S) TRANSMITTAL

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MAY 0 6 2005

applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

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03/24/2005

THE PROCTER & GAMBLE COMPANY INTELLECTUAL PROPERTY DIVISION WINTON HILL TECHNICAL CENTER - BOX 161 6110 CENTER HILL AVENUE

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01 FC:1501 02 FC:8001 1400.00 DA 9.00 DA Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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(Depositor's name) Wert (Signature (Date

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/612 697      | 07/10/2000  | Keyin Bencon McNeil  | 6033CC :            | 0456             |

TITLE OF INVENTION: PROCESS FOR MAKING SHEET HAVING INDICIA REGISTERED WITH LINES OF TERMINATION

|                                                                                                                       |                                                                                                                                                 |                                                                                                                                                                     |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| APPLN, TYPE                                                                                                           | SMALL ENTITY                                                                                                                                    | ISSUE FEE                                                                                                                                                           |                                                                                                                    | PUBLICATION FEE                                                                                                                                                                                                                                                                                                                                                                                                                               | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE DUE                                                          |  |
| nonprovisional                                                                                                        | NO                                                                                                                                              | \$1400                                                                                                                                                              |                                                                                                                    | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$1400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 06/24/2005                                                        |  |
| EXAMINER                                                                                                              |                                                                                                                                                 | ART UNIT                                                                                                                                                            |                                                                                                                    | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |  |
| WILLIAMS, KEVIN D                                                                                                     |                                                                                                                                                 | 2854                                                                                                                                                                |                                                                                                                    | 101-226000                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |  |
| CFR I.363).  Change of corresponded address form PTO/SB/I  The Address of the St. |                                                                                                                                                 | Correspondence ation form to of a Customer  E PRINTED ON 7 thow, no assignee of this form is NO                                                                     | (1) the na or agents (2) the na register 2 register listed, no THE PATEN data will app T a substitute (3) RESIDENC | nting on the patent front page, limes of up to 3 registered patent OR, alternatively, me of a single firm (having as a attorney or agent) and the name depatent attorneys or agents. If name will be printed.  Trunction (print or type)  The arrow of the patent of the patent attorney or agents. If an assign for filing an assignment.  The contraction of the patent of the patent of the patent. If an assign for filing an assignment. | at attorneys  1. Vladi 2. David 2. David 2. David 3. Peter  2. David 3. Peter  2. David 3. Peter  3. Peter  3. David 4. David 4. David 5. David 5. David 6. | mir Vitenberg  K. Mattheis  D. Meyer  document has been filed for |  |
|                                                                                                                       |                                                                                                                                                 |                                                                                                                                                                     |                                                                                                                    | atent): 🔲 Individual 🖾 Co                                                                                                                                                                                                                                                                                                                                                                                                                     | rporation or other private g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | roup entity Government                                            |  |
| 4a. The following fee(s) are                                                                                          | enclosed:                                                                                                                                       | 4b                                                                                                                                                                  | . Payment of                                                                                                       | ``                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |  |
| Issue Fee                                                                                                             |                                                                                                                                                 |                                                                                                                                                                     | A check in the amount of the fee(s) is enclosed.                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |  |
| Publication Fee (No small entity discount permitted)                                                                  |                                                                                                                                                 | •                                                                                                                                                                   | Payment by credit card. Form PTO-2038 is attached.                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |  |
| Advance Order - # of Copies3                                                                                          |                                                                                                                                                 | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-2480 (enclose an extra copy of this form). |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |  |
| a. Applicant claims S                                                                                                 | (from status indicated above MALL ENTITY status. See is requested to apply the Iss ublication Fee (if required) words of the United States Pate | )<br>37 CFR 1.27.                                                                                                                                                   | ☐ b. Applic                                                                                                        | eant is no longer claiming SMAI<br>sy) or to re-apply any previously<br>other than the applicant; a regi                                                                                                                                                                                                                                                                                                                                      | LL ENTITY status. See 37 (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CFR 1.27(g)(2).                                                   |  |
| Authorized Signature                                                                                                  | Peter D. Mey                                                                                                                                    |                                                                                                                                                                     |                                                                                                                    | Date                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4.7 6, 7045                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |  |

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PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

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## Procter & Gamble - I.P. Division

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FROM: Teresa A. Wert (Office of Peter D. Meyer)

Fax No. 513-634-3612

Phone No. 513-634-3114

Listed below are the item(s) being submitted with this Certificate of Transmission:\*\*

1) Issue Fee Transmittal (Orig. & Copy)

2) "Fee Address" Indication Form

3)

4)

5)

Number of Pages Including this Page: 4

(Signature)

Inventor(s): Kevin Benson McNeil

S.N.:

09/612,697

Filed:

July 10, 2000

Case:

6033CC

Comments:

<sup>\*\*</sup>Note: Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.